

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 42
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee Zulema Camacho			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Mailing Address 100 SW 83 Way Apt. 102			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div>		
City Pembroke Pines	State FL	Zip Code 33025	Transaction ID : D450638		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Judith Cruz			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Mailing Address 8181 NW S River Drive Apt. 145			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div>		
City Medley	State FL	Zip Code 33166	Transaction ID : D450641		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">277.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Miladis Diaz			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 9 East 4 Street Apt 102			Amount 262.50		
City Hialeah	State FL	Zip Code 33010	Transaction ID : D450644		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Pedro Gonzalez			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 915 NW 1st Ave Apt H2512			Amount 150.00		
City Miami	State FL	Zip Code 33136-3560	Transaction ID : D450646		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	412.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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05 / 06 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jose Miguel Gonzalez Ortiz		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 1321 NW 42 Street Rear		Amount 212.50	
City Miami	State FL	Zip Code 33142	Transaction ID : D450648
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Olvin Henriquez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 3351 SW 24 Terrace		Amount 112.50	
City Miami	State FL	Zip Code 33145	Transaction ID : D450650
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	325.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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*Gihan Perera**[Electronically Filed]*

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alicia Alzuri		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 9214 SW 147 Ct.		Amount 262.50	
City Miami	State FL	Zip Code 33196	Transaction ID : D450652
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Humberto Iglesias		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 8181 NW South River Drive Apt. A14		Amount 262.50	
City Medley	State FL	Zip Code 33166	Transaction ID : D450654
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	525.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Viky Lara		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 11960 Tuttle Blvd.		Amount 150.00	
City Miami	State FL	Zip Code 33184	Transaction ID : D450655
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Jorge Macias		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 7080 NW 174 Terrace Apt. 104		Amount 187.50	
City Miami	State FL	Zip Code 33015	Transaction ID : D450657
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	337.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Julio Cesar Maldonado Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 7757 SW 86 Street Apt. C111		Amount 75.00	
City Miami	State FL	Zip Code 33143	Transaction ID : D450659
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Maria Patricia Medina		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 3700 NW 62 Ave. Apt. 207		Amount 187.50	
City Miami	State FL	Zip Code 33166	Transaction ID : D450661
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	262.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Xaviera Ramos		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 2406 San Remo Circle		Amount 212.50	
City Homestead	State FL	Zip Code 33035	Transaction ID : D450663
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Henrietta Ricketts		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 10601 NW 17 Ave Apt 102		Amount 220.00	
City Miami	State FL	Zip Code 33147	Transaction ID : D450665
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	432.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 8 OF 42

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Juanita Romera		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 114 NE 83 Street		Amount 187.50	
City Miami	State FL	Zip Code 33138	Transaction ID : D450667
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Ivan Zuleta		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 3501 W 11 Avenue Apt. 113		Amount 187.50	
City Hialeah	State FL	Zip Code 33012	Transaction ID : D450669
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	375.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ysis Perez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 20020 NW 64 Court		Amount 262.50	
City Hialeah	State FL	Zip Code 33015	Transaction ID : D450671
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Antonio Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 3895 NW 183 Street		Amount 150.00	
City Miami Gardens	State FL	Zip Code 33055	Transaction ID : D450673
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	412.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 42
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Fidel Pineda			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 11960 Tuttle Blvd.			Amount 112.50		
City Miami	State FL	Zip Code 33184	Transaction ID : D450675		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Maria Aviles			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 1510 E Mowry Drive Apt 203			Amount 37.50		
City Homestead	State FL	Zip Code 33033	Transaction ID : D450676		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Julio Agredo		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 1051 NW 2 Street Apt. 7		Amount 150.00	
City Miami	State FL	Zip Code 33128	Transaction ID : D450677
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Audrey Hansack		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 5712 NW 3 Ave		Amount 37.50	
City Miami	State FL	Zip Code 33127	Transaction ID : D450678
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	187.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Krizia Barker			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 7540 Adventure Ave			Amount 212.50		
City North Bay Village	State FL	Zip Code 33141	Transaction ID : D450680		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Amalia Zavala			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 8800 SW 42nd Ter			Amount 75.00		
City Miami	State FL	Zip Code 33165-5324	Transaction ID : D450682		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	287.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gloria Lopez			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 701 NW 111th Ct Apt 2			Amount 187.50		
City Miami	State FL	Zip Code 33172-3783	Transaction ID : D450683		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Lilian Ramirez			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016		
Mailing Address 8801 W Flagler St Apt 404			Amount 187.50		
City Miami	State FL	Zip Code 33174-2424	Transaction ID : D450685		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	375.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michelle Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 9603 NW 9 Avenue		Amount 75.00	
City Miami	State FL	Zip Code 33150	Transaction ID : D450687
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Renette Jean Louis		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 9603 NW 9 Avenue		Amount 150.00	
City Miami	State FL	Zip Code 33150	Transaction ID : D450688
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	225.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alina Chavez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 195 Grand Canal Drive		Amount 75.00	
City Miami	State FL	Zip Code 33144	Transaction ID : D450689
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Raul Vino		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 3586 NW 41 Street D406		Amount 187.50	
City Miami	State FL	Zip Code 33142	Transaction ID : D450690
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	262.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Georgina Musa		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 3803 SW 82 Ave #9		Amount 112.50
City Miami	State FL	Zip Code 33155
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	Category/ Type 004	Transaction ID : D450692 Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Nina Villalonga		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 15285 SW 107 Lane Apt 201		Amount 75.00
City Miami	State FL	Zip Code 33196
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	Category/ Type 004	Transaction ID : D450693 Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	187.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 17 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Yanet Mendez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 5300 W 21 Court Apt. 212		Amount 75.00	
City Hialeah	State FL	Zip Code 33016	Transaction ID : D450695
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Gloria Restrepo		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 490 NE 2nd Ave Apt 1211		Amount 75.00	
City Miami	State FL	Zip Code 33132	Transaction ID : D450697
Purpose of Expenditure Estimated Cost for Financial Management Services of Canvassing Prog. 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sophya Cano		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 11763 SW 14 Street		Amount 112.50	
City Miami	State FL	Zip Code 33184	Transaction ID : D450699
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Dixiana Duron Gonzalez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 101 SW 67 Court		Amount 75.00	
City Miami	State FL	Zip Code 33144	Transaction ID : D450701
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	187.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 19 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Beatrice Alvarez		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 8887 SW 27 Street		Amount 112.50	
City Miami	State FL	Zip Code 33165	Transaction ID : D450703
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Magaly Licon		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 15270 SW 104 Street Apt 1-19		Amount 150.00	
City Miami	State FL	Zip Code 33196	Transaction ID : D450705
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	262.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Patrick Villalonga		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 15285 SW 107th Ln Apt 201		Amount 75.00	
City Miami	State FL	Zip Code 33196-4543	Transaction ID : D450707
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Steve Luis		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 2341 SW 11 Street		Amount 215.34	
City Miami	State FL	Zip Code 33135	Transaction ID : D450710
Purpose of Expenditure Estimated Cost for Financial Management Services of Canvassing Prog. 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	290.34
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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05 / 06 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 21 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee David McDougal		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 4231 NW 11 Place		Amount 480.76	
City Miami	State FL	Zip Code 33127	Transaction ID : D450712
Purpose of Expenditure Estimated Cost for Field Director Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Victricia Chandler		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 20130 SW 104 Court		Amount 211.54	
City Miami	State FL	Zip Code 33189	Transaction ID : D450714
Purpose of Expenditure Estimated Cost for Operations Director Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	692.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

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MM / DD / YYYY
05 / 06 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						

Full Name of Payee Daniel Garcia		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>28</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		04			D	D		28			Y	Y	Y	Y	Y	Y						
M	M																										
04																											
D	D																										
28																											
Y	Y	Y	Y	Y	Y																						
Mailing Address 2514 NW 94th Ave		Amount <table border="1" style="width:100%"> <tr><td>384.60</td></tr> </table>		384.60																							
384.60																											
City Coral Springs	State FL	Zip Code 33065-4920	Transaction ID : D450716																								
Purpose of Expenditure Estimated Cost for Quality Control Coord. Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>28</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016	M	M		04			D	D		28			Y	Y	Y	Y	Y	Y						
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28																											
Y	Y	Y	Y	Y	Y																						
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>42745.55</td></tr> </table>	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																							
42745.55																											

Full Name of Payee Giovanny Navarro		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>28</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		04			D	D		28			Y	Y	Y	Y	Y	Y						
M	M																										
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Y	Y	Y	Y	Y	Y																						
Mailing Address 8410 SW 150 Ave Apt 104		Amount <table border="1" style="width:100%"> <tr><td>403.84</td></tr> </table>		403.84																							
403.84																											
City Miami	State FL	Zip Code 33193	Transaction ID : D450718																								
Purpose of Expenditure Estimated Cost for Campaign Management Services 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>28</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016	M	M		04			D	D		28			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>42745.55</td></tr> </table>	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																							
42745.55																											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>788.44</td></tr> </table>	788.44
788.44		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

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Y	Y	Y	Y	Y	Y

2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee New Florida Majority		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount 500.00	
City Miami	State FL	Zip Code 33138	Transaction ID : D450721
Purpose of Expenditure Tablet Rental for Canvassing 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Costco Wholesale		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016	
Mailing Address 14585 Biscayne Blvd		Amount 100.00	
City North Miami	State FL	Zip Code 33181	Transaction ID : D450723
Purpose of Expenditure Estimated Cost for Canvassing Supplies 4/28-5/4		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Zulema Camacho		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016
Mailing Address 100 SW 83 Way Apt. 102		Amount 150.00
City Pembroke Pines	State FL	Zip Code 33025
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15	Category/ Type 004	Transaction ID : D450639 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Judith Cruz		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016
Mailing Address 8181 NW S River Drive Apt. 145		Amount 375.00
City Medley	State FL	Zip Code 33166
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15	Category/ Type 004	Transaction ID : D450642 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	525.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 25 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Miladis Diaz		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 9 East 4 Street Apt 102		Amount 475.00	
City Hialeah	State FL	Zip Code 33010	Transaction ID : D450645
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Pedro Gonzalez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 915 NW 1st Ave Apt H2512		Amount 375.00	
City Miami	State FL	Zip Code 33136-3560	Transaction ID : D450647
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 26 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jose Miguel Gonzalez Ortiz		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 1321 NW 42 Street Rear		Amount 375.00	
City Miami	State FL	Zip Code 33142	Transaction ID : D450649
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Olvin Henriquez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 3351 SW 24 Terrace		Amount 475.00	
City Miami	State FL	Zip Code 33145	Transaction ID : D450651
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 27 OF 42

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alicia Alzuri		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 9214 SW 147 Ct.		Amount 475.00	
City Miami	State FL	Zip Code 33196	Transaction ID : D450653
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Viky Lara		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 11960 Tuttle Blvd.		Amount 375.00	
City Miami	State FL	Zip Code 33184	Transaction ID : D450656
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jorge Macias		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 7080 NW 174 Terrace Apt. 104		Amount 375.00	
City Miami	State FL	Zip Code 33015	Transaction ID : D450658
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Julio Cesar Maldonado Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 7757 SW 86 Street Apt. C111		Amount 425.00	
City Miami	State FL	Zip Code 33143	Transaction ID : D450660
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	800.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 29 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Maria Patricia Medina		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 3700 NW 62 Ave. Apt. 207		Amount 375.00	
City Miami	State FL	Zip Code 33166	Transaction ID : D450662
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Xaviera Ramos		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 2406 San Remo Circle		Amount 425.00	
City Homestead	State FL	Zip Code 33035	Transaction ID : D450664
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	800.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera**[Electronically Filed]*

Date

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05 / 06 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Henrietta Ricketts			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016		
Mailing Address 10601 NW 17 Ave Apt 102			Amount 475.00		
City Miami	State FL	Zip Code 33147	Transaction ID : D450666		
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016		
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 42745.55			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Juanita Romera			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016		
Mailing Address 114 NE 83 Street			Amount 375.00		
City Miami	State FL	Zip Code 33138	Transaction ID : D450668		
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016		
Name of Federal Candidate DONALD J TRUMP			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 42745.55			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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05 / 06 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 31 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ivan Zuleta		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016
Mailing Address 3501 W 11 Avenue Apt. 113		Amount 375.00
City Hialeah	State FL	Zip Code 33012
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15	Category/ Type 004	Transaction ID : D450670 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Ysis Perez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016
Mailing Address 20020 NW 64 Court		Amount 475.00
City Hialeah	State FL	Zip Code 33015
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15	Category/ Type 004	Transaction ID : D450672 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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05 / 06 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 32 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Antonio Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 3895 NW 183 Street		Amount 375.00	
City Miami Gardens	State FL	Zip Code 33055	Transaction ID : D450674
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Audrey Hansack		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 5712 NW 3 Ave		Amount 375.00	
City Miami	State FL	Zip Code 33127	Transaction ID : D450679
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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05 / 06 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 33 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Krizia Barker		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 7540 Adventure Ave		Amount 425.00	
City North Bay Village	State FL	Zip Code 33141	Transaction ID : D450681
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Gloria Lopez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 701 NW 111th Ct Apt 2		Amount 375.00	
City Miami	State FL	Zip Code 33172-3783	Transaction ID : D450684
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 34 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lilian Ramirez			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016		
Mailing Address 8801 W Flagler St Apt 404			Amount 375.00		
City Miami	State FL	Zip Code 33174-2424	Transaction ID : D450686		
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Raul Vino			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016		
Mailing Address 3586 NW 41 Street D406			Amount 375.00		
City Miami	State FL	Zip Code 33142	Transaction ID : D450691		
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016		
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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05 / 06 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 35 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nina Villalonga		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 15285 SW 107 Lane Apt 201		Amount 375.00	
City Miami	State FL	Zip Code 33196	Transaction ID : D450694
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Yanet Mendez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 5300 W 21 Court Apt. 212		Amount 375.00	
City Hialeah	State FL	Zip Code 33016	Transaction ID : D450696
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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05 / 06 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 36 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gloria Restrepo		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 490 NE 2nd Ave Apt 1211		Amount 375.00	
City Miami	State FL	Zip Code 33132	Transaction ID : D450698
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Sophya Cano		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 11763 SW 14 Street		Amount 375.00	
City Miami	State FL	Zip Code 33184	Transaction ID : D450700
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera**[Electronically Filed]*

Date

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05 / 06 / 2016

Signature

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Dixiana Duron Gonzalez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 101 SW 67 Court		Amount 375.00	
City Miami	State FL	Zip Code 33144	Transaction ID : D450702
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Beatrice Alvarez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 8887 SW 27 Street		Amount 375.00	
City Miami	State FL	Zip Code 33165	Transaction ID : D450704 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤ **750.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤

(c) **TOTAL** Independent Expenditures..... ➤

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 38 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Magaly Licon		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 15270 SW 104 Street Apt 1-19		Amount 375.00	
City Miami	State FL	Zip Code 33196	Transaction ID : D450706
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Patrick Villalonga		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 15285 SW 107th Ln Apt 201		Amount 375.00	
City Miami	State FL	Zip Code 33196-4543	Transaction ID : D450708
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 39 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Piery-Ann Guzman		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 13803 SW 114 Terrace		Amount 375.00	
City Miami	State FL	Zip Code 33186	Transaction ID : D450709
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Steve Luis		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 2341 SW 11 Street		Amount 242.26	
City Miami	State FL	Zip Code 33135	Transaction ID : D450711
Purpose of Expenditure Estimated Cost for Financial Management Services of Canvassing Prog. 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	617.26
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
05 / 06 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 40 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee David McDougal		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 4231 NW 11 Place		Amount 673.06	
City Miami	State FL	Zip Code 33127	Transaction ID : D450713
Purpose of Expenditure Estimated Cost for Field Director Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Victricia Chandler		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 20130 SW 104 Court		Amount 237.98	
City Miami	State FL	Zip Code 33189	Transaction ID : D450715
Purpose of Expenditure Estimated Cost for Operations Director Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	911.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 41 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Daniel Garcia		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 2514 NW 94th Ave		Amount 538.44	
City Coral Springs	State FL	Zip Code 33065-4920	Transaction ID : D450717
Purpose of Expenditure Estimated Cost for Quality Control Coord. Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Giovanny Navarro		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 8410 SW 150 Ave Apt 104		Amount 565.38	
City Miami	State FL	Zip Code 33193	Transaction ID : D450719
Purpose of Expenditure Estimated Cost for Campaign Management Services 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 42745.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1103.82
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gihan Perera**[Electronically Filed]*

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 42 OF 42
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee New Florida Majority		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount 1000.00	
City Miami	State FL	Zip Code 33138	Transaction ID : D450722
Purpose of Expenditure Tablet Rental for Canvassing 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Costco Wholesale		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2016	
Mailing Address 14585 Biscayne Blvd		Amount 100.00	
City North Miami	State FL	Zip Code 33181	Transaction ID : D450724
Purpose of Expenditure Estimated Cost for Canvassing Supplies 5/5-5/15		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2016
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1100.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	23413.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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